

The Heartbeat

Published monthly for the staff and patients of General Leonard Wood Army Community Hospital

March 2010



Generally Speaking

Maj. Gen. Philip Volpe, Western Regional Medical Command commanding general, speaks with the General Leonard Wood Army Community Hospital staff during a CG Forum March 25. The general, who took the WRMC reins Feb. 11, visited GLWACH as part of a site visit to get acquainted with all the facilities under his command. In addition to GLWACH, Western Regional Medical Command consists of Madigan Army Medical Center, Joint Base Lewis-McChord, Wash.; Bassett Army Community Hospital, Fort Wainwright, Alaska; Evans Army Community Hospital, Fort Carson, Colo.; Irwin Army Community Hospital, Fort Riley, Kan.; Munsor Army Health Clinic, Fort Leavenworth, Kan.; Raymond W. Bliss Army Health Clinic, Fort Huachuca, Ariz.; Weed Army Health Clinic, Fort Irwin, Calif; and William Beaumont Army Medical Center, Fort Bliss, Texas. (Photo by Carl Norman)

By Carl NormanGLWACH Marketing

People referred for medical treatment at facilities more than 100 miles from their primary care manager can be reimbursed for "reasonable travel expenses" as long as they follow specific rules. Reasonable travel expenses are those the beneficiary incurs when traveling to their specialty provider – not in an emergency status. They include meals, gas, tolls, parking and tickets for public transportation, according to TRICARE officials. Expenses above \$75 require receipts.

See EXPENSES, Page 7

Military ID a must to determine eligibility

By Carl Norman GLWACH Marketing

Looking to provide the best possible service to its eligible beneficiaries, General Leonard Wood Army Community Hospital reminds everyone that they must present proper identification when checking in for appointments or at the pharmacy.

A military identification card, issued to beneficiaries 10 years and older, is the official form of ID, according to Col. Roman Bilynsky, Deputy Commander for Clinical Services.

"At each appointment, our clinic clerks must check everyone's ID against the Defense Enrollment Eligibility Reporting System data base to make sure they are eligible to receive care at

See ID, Page 6

Beneficiaries reimbursed for reasonable expenses

There is a method to the madness

By Col. Tempsie Jones Deputy Commander for Nursing and Hospital Services

hat type of perormance improvement methodology do you use?

GLWACH uses the FOCUS - PDCA. W. Edwards Deming developed this and it provides a model for improving processes.

Simply put, PDCA is the scientific method. By using the FOCUS-PDCA model, we gain knowledge of how well hospital systems, processes or practices are meeting patient needs and expectations.

The model's name is an acronym that describes the basic components of the improvement process. The steps include:

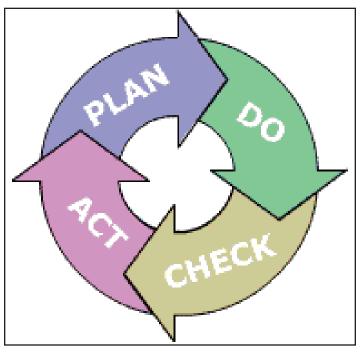
Find a process to improve Organize an effort to work on improvement

Clarify current knowledge of the process

Understand process variation and capability

Select a strategy for continued improvement

PDCA is an acronym for Plan, Do, Check and Act. This cycle is a way of continuously checking progress in each step of the FOCUS process.



MEDCOM has also adopted the Lean Six Sigma performance improvement methodology. Heather Perales is GLWACH's Green

Six Sigma is a business management strategy originally developed by Motorola, USA in 1981. It seeks to improve the quality of process outputs by identifying and removing the causes of defects (errors) and minimizing variability in manufacturing and business processes.

It uses a set of quality management methods, including statistical methods, and creates a special infra-

structure of people within the organization ("Black Belts, "Green Belts", etc.) who are experts in these methods.

Each Six Sigma project carried out within an organization follows a defined sequence of steps and has quantified targets. These targets can be financial (cost reduction or profit increase) or whatever is critical to the customer of that process (cycle time, safety, delivery, etc.).

Six Sigma projects follow two project methodologies inspired by Deming's Plan-Do-Check-Act Cycle. These methodologies, comprising five phases each, bear the acronym DMAIC which is used for projects aimed at improving an existing business process.

DMAIC's phases are: Define the problem, the voice of the customer, and the project goals, specifically. Measure key aspects of the current process and collect relevant data and analyze the data to investigate and verify cause-and-effect relationships.

Determine what the relationships are and attempt to ensure that all factors have been considered. Seek out root cause of the defect under investigation.

Improve or optimize the current process based upon data analysis using techniques such as design of experiments, poka yoke or mistake proofing, and standard work to create a new, future state process. Set up pilot runs to establish process capability.

Control the future state process to ensure that any deviations from target are corrected before they result in defects. Control systems are implemented such as statistical process control, production boards, and visual workplaces and the process is monitored.

The Heartbeat

The Heartbeat is an authorized publication for members of the Department of Defense, and staff and patients of General Leonard Wood Army Community Hospital.

Contents of The Heartbeat are not necessarily the official view of, or endorsed by, the U.S. Government or the Department of the Army. The editorial content of this publication is the responsibility of the GLWACH Public Affairs Officer.

Everything published in The Heartbeat is done so without regard to individual race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor. The deadline for submissions is the 15th of the month prior to publica-Send submissions Carl.Norman@amedd.army.mil. **Command Team:**

Commander: Col. Judith Ruiz

Command Sergeant Major: Command Sqt. Maj. Antonio Milton Deputy Commander for Administration: Lt. Col Margi Toillion Deputy Commander for Nursing/Hospital Services: Col. Tempsie Jones Deputy Commander for Clinical Services: Col. Roman Bilynsky Editorial staff: Public Affairs Officer/Editor: Carl Norman

Customer service spawns changes

By Carl Norman GLWACH Marketing

Customer service is the General Leonard Wood Army Community Hospital Pharmacy's No. 1 priority, and recent pharmacy facility changes show that no need or concern is too small to address.

From first contact to patients walking out with their medications, the GLWACH Pharmacy staff has "sweated the small stuff" to provide quick service and minimize wait times, according to Maj. Aatif Sheikh, GLWACH Pharmacy Division chief.

For instance, patients visiting the PX Pharmacy will have a pharmacy staff member greet them and answer any questions they may have when they first arrive, he said. This will help eliminate confusion and unnecessary waiting because the wrong ticket is selected for their patient category.

Additionally, patients can now get a pager when they drop prescriptions off at the PX or Main Pharmacy. Sheikh said this will allow them to shop in the Post Exchange or Commissary and not have to sit and wait for their medication.

"The pager will go off when the medication is ready," he said, advising people that the pager doesn't shut off until a pharmacy staff member deactivates it.

In the past, when getting medication from the PX Pharmacy, those electing to wait had to sit in chairs on the lower end of the PX mall area. This spot can be a lit-



Karen Roberts (center), a General Leonard Wood Army Community Hospital pharmacist, talks with Charles and Josie Schwarz, a retired military couple, about their medication at the new window constructed in the main outpatient pharmacy. (Photo by Carl Norman)

tle noisy at times, Sheikh said. As a result, patients were telling the staff that they couldn't always hear and see the numbers being called inside.

To help with the situation, GLWACH installed a new speaker and digital sign in front of the PX Pharmacy so they can better see and hear the announcements. GLWACH also installed a large-screen television in front to provide some entertainment while waiting for prescriptions to be filled.

In the PX Pharmacy's waiting room, a new digital sign has been installed that lets everyone know how many patients are waiting per category. A workload system, called the Q-matic, readjusts the numbers called based on the number of patients per category.

"The PX Pharmacy priorities are refills and hardcopy

prescriptions from non-GLWACH providers, which are primarily category C and D," he said. "The PX Pharmacy is full-service and provides all the services available at the main pharmacy. With this new workload system, we can have an accurate count of how many patients are waiting in what categories and adjust, when needed, to keep waiting times to a minimum."

One of the biggest facility changes came recently when GLWACH installed two additional windows in the main pharmacy and a Dutch door in the PX Pharmacy that serves as an extra window.

"These allow us to serve patients more efficiently and decrease their wait times for medications," Sheikh said. "The new windows should increase each pharmacy's patient output by 20 per-

cent, up to 300-350 per day versus 250-300 per day before.

"The volume of prescriptions is driving these changes. We want to speed up delivery times while ensuring accuracy and safety for all prescriptions."

Looking to further increase customer satisfaction, Sheikh said pharmacy techs and pharmacists will be staggered at each window so work flow doesn't have to slow down when beneficiaries have questions about their medications.

"Customer service is our No. 1 priority and we hope our beneficiaries see these changes and additions and know that no need or concern is too small to address," he said.

For more information, call the GLWACH Pharmacy at (573) 596-0515.

Airmen help save Soldier lives

By Mark Salcedo

Fort Leonard Wood Armed Services Blood Donor Recruiter

The men and women assigned to Whiteman Air Force Base in northern Missouri operate the B-2 Spirit Stealth Bomber which can effectively put bombs about anywhere in the world without a high risk of loss.

These Airmen boast, "We kick down doors and kill targets...weapons on target, on time!" in their mission statement, which should tell most people that they're serious about getting the job done.

While they weren't kicking down doors and killing targets recently, they were serious about putting weapons on target, saving lives and supporting their fellow service members serving in Iraq and Afghanistan. They were the weapon of choice, all electing to donate blood in the installation's first Armed Services Blood Program blood drive conducted at the Whiteman Community Activities Center.

In this joint Air Force - Army operation, Army medical crews from the Fort Leonard Wood Blood Donor Center processed more than 130 donors — Air Force service members, their families and other Department of Defense civilian blood donors. During the eight-hour event, the center collected more than 90 units of blood that's now headed for U.S. Central Command's forward deployed hospitals.

"The Armed Services Blood Program's mission is to collect blood from our military communities and ship it to forward military hospitals in Iraq, Afghanistan and Germany," said Lt. Col. Dale Deehr, Fort Leonard Wood Blood Donor Center officer-incharge. "It will be used to treat service members injured in combat."

Fort Leonard Wood's Blood Donor Center is one of only 22 military collection centers in the United States. Collectively, they have helped supply For more information on the Armed Services Blood Program, visit www.militaryblood.dod.mil.

To contact the Fort Leonard Wood Blood Donor Center

- ♦Call (573) 596-5385
- **♦**E-mail

mark.salcedo@us.army.mil

.

the military's blood needs since the early 1950s.

"Every day, donors face the challenges of finding more time because of work and the many obligations in their lives, but these 130 donors took the extra time to donate and help us save lives – and we wish more did," Deehr said. "This was a great first blood drive and we look forward to future drives at Whiteman.

"Donating blood saves lives. Injury or illness can affect family members, co-workers or best friends, and everyone can be a part of saving a life."

Air Force Master Sergeant Joseph Holloway can vouch for that fact base on what he's seen first hand.

"I think anybody who has been deployed should have a better understanding of how important the military's blood supply is," Holloway said. "I volunteered at the base hospital in Iraq after duty hours and saw how much blood they went through. It doesn't matter what branch of the military you are in, we all bleed red."

The Armed Services Blood Program supplies blood to military members, their families and DoD employees across the nation and around the world.

Currently, the program's most important mission is providing troops engaged in Operation Iraqi Freedom

and Operation Enduring Freedom with blood shipments several times per week.

"Having an adequate supply of blood in forward areas can mean the difference between life and death," Deehr said.

To make sure blood is available for those who need it most, the ASBP relies on strong donor support and routinely scheduled blood drives. Military donor centers can accept blood donations from military service members, their immediate families, retirees and DoD employees. Donations from non-DoD civilians who fit the ASBP eligibility criteria and have access to the blood drive will also be gratefully accepted.

While an estimated 60 percent of the military community is medically qualified to donate blood, only a small percentage actually do.

"That's why military donor centers like ours are continuously looking for organizations and individuals to help meet established blood requirements," Deehr said.

While some people can't donate because of medications, travel, etc., there are many other ways to help. Veteran groups and military family support groups can volunteer to sponsor or promote military blood drives, and even help out during the drive itself.

"Working together, we can ensure that the blood supply is plentiful, and that our troops and family members have what they need – when they need it," Deehr said.

The Fort Leonard Wood Blood Donor Center will be at Whiteman again April 2 for another blood drive. Everyone's invited to come out and give the gift of life.

For more information on the ASBP or to see how you can help, visit www.militaryblood.dod.mil. To contact the Fort Leonard Wood Blood Donor Center directly, call (573) 596-5385 or e-mail mark.salcedo@us.army.mil.

Warm weather brings ticks out

By Spc. James Magrath
Preventive Medicine
Division

As the weather starts warming up and people head into the Missouri outdoors, they're entering a potentially dangerous battle zone that a multitude of insects and bugs call home.

The tick is the most abundant and dangerous bandit in the area, with ailments like Lyme Disease, Human Ehrlichiosis and Rocky Mountain Spotted Fever just a bite away. To help people protect themselves and their families from these bandits, the General Leonard Wood Army Community Hospital Preventive Medicine Division offers the following advice.

Ticks live in areas with tall grass, wood lines and brush, so be careful in these areas. Wear long pants tucked into

boots, with a long sleeve shirt, preferably treated with a permethrin-based repellant.

Use a DEET-based repellant on exposed skin, following the label instructions. Most local stores carry DEET- based repellants.

When you return home or come out of a tick-infested area, check yourself thoroughly for ticks that may have attached themselves. Have another person check areas like the back of your head and upper and lower back. Putting your clothes in the dryer for 20-30 minutes will kill any ticks that you may have missed.

If you find a tick already attached to your body, use a pair of tweezers to grab it as close to the skin as possible. Pull it straight out with slow, steady, firm force.

Don't twist or pull sharply. Don't squeeze or crush the body or use things like petroleum jelly, finger nail polish or a lit match to get the tick. These are not effective and might cause the tick to force more infective fluids into the wound site.

After you've removed the tick, wash the wound site with soap and water and apply an antibacterial cream. If you develop a rash or flulike symptoms, see your doctor as soon as possible.

You can also take a few simple steps to make your home and yard tick free. Keeping your grass neatly trimmed; removing leaves, brush and dense vegetation from your yard; and cutting back underbrush several feet into wood lines removes tick habitats. Putting fences around your property will also keep out large animals that carry ticks.

Additionally, eliminate any living areas for small ani-

mals and rodents, such as wood piles. If you must have these, keep them away from the house. It's best to keep these along the outer perimeter of the property to prevent ticks from being carried into your yard.

Keeping bird feeders and baths away from your house will also help keep ticks away. Birds can carry ticks great distances and may drop them into your yard as they bathe or feed.

Following these few simple steps will help protect you from ticks and the diseases they can carry. And that's important because as the weather starts warming up and people head into the Missouri outdoors, they're entering a potentially dangerous battle zone that a multitude of insects and bugs call home.

For more information, call 329-1917.

Noroviruses thrive in close quarters

Noroviruses are a group of viruses that cause gastroenteritis or stomach illness.

You may recall the news headlines from a few years ago discussing a nasty "stomach bug" that caused an outbreak of gastroenteritis on cruise ships. Actually, norovirus is a disease that can be spread in any environment where person-to-person contact occurs. That means you can catch it at work, from eating at your favorite restaurant, working out at the gym or taking care of a family member who happens to be sick.

Someone infected with norovirus might have nausea, vomiting, diarrhea and stomach cramping. Most people recover in a few days and can return to normal activities without further adverse effects. The main concern with norovirus is dehydration, especially in children. The best way to protect against dehydration is to drink plenty of liquids.

Severe dehydration can be serious. If you think you or someone you are caring for is severely dehydrated, contact your health care provider.

Norovirus is not treatable with antibiotics and there is no vaccine to prevent it. The good news is that the spread of norovirus is preventable.

Hand washing is the No. 1 way to prevent norovirus, and any other disease, from spreading. Wash your hands frequently, especially after toilet visits and changing diapers and before eating or preparing food.

Other prevention measures include:

Washing fruits and vegetables thoroughly before eating.

Use a bleach-based household cleaner to thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness.

Immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness. Be sure to use hot water and soap.

Flush or discard any vomitus or stool in the toilet and make sure the surrounding area is kept clean.

For more information visit www.cdc.gov or call the Community Health Resource Center at 573-329-1935.

Fitness: Getting back to the basics

By Capt. Brenda Bustillos Nutrition Care Division Chief

An easy way to focus on improving your physical fitness and dietary habits is to start with the basics.

Remember some of the fundamentals of nutrition: drink water; consume adequate and appropriate amounts of carbohydrates, proteins and fat; and consume foods that contain a variety of vitamins and minerals. No one should jump into a difficult and restrictive diet and exercise plan. Start with small, achievable goals and gradually progress to larger ones — small changes can lead to big results.

You can focus on improving your nutrition from the ground up by starting with these recommendations: First, focus on fruits and vegetables. In the past few decades, Americans have gradually been tossing high vitamin, mineral, fiber and antioxidant-rich, plant-based food options aside. Whether you buy frozen, fresh, organic or you grow your own, incorporating more wholesome foods, to include whole grains, is a great step in improving your nutritional health.

Secondly, make calories count. Don't think of foods as "good or bad," simply

Exercise and physical activity should be fun and enjoyable — take your family to the park and make sure everyone plays.

ask yourself, "Where can I get the greatest nutritional bang for my buck?"

Just because something is low-calorie (such as 100 calorie snack packs, for example) doesn't mean that it's a healthful option. Let's face it, cookies are cookies no matter how small the portions.

Additionally, read and understand your food labels before purchasing and consuming foods. Don't put anything into your body unless you understand how it can affect your health in the long-run

Next, drink more water. The beverage industry is booming and sugar-sweetened beverages such as soda, juice and popular flavored drinks are gobbling up our wallets and expanding our waistlines.

Finally, test your taste-buds. You've

heard the adage, "Don't knock it until you try it." Where nutrition is concerned, expand beyond the same old choices you eat everyday and try something new.

Try a new vegetable recipe, a lower fat dairy product, a new fish you have never eaten before or even a new high fiber cereal. By expanding your culinary horizons, you might find yourself liking a healthful food you would otherwise turn away from.

I also encourage everyone, regardless of age, to focus on the importance of making informed food choices and developing sound eating and physical activity habits. Try to get at least 30 minutes of exercise most days of the week.

Exercise and physical activity should be fun and enjoyable — take your family to the park and make sure everyone plays. Pick-up a fun, new sport, get outside and do some yard work or find a nice walking or jogging trail to enjoy and walk your dog, even if you don't have one!

For more information, call the Nutrition Care Division at 596-1762 or visit our page online at glwach.amedd.army.mil and click on the GLWACH Nutrition Care link.

ID, from Page 1_

GLWACH and the clinic has the correct medical record," Bilynsky said.

And everyone means everyone, according to Army regulations which state that even Soldiers in uniform must show satisfactory evidence of their beneficiary status.

"A valid ID card and confirming enrollment in DEERS will meet that requirement," Bilynsky said. "All Soldiers, and parents who have ID cards for their children, must bring them to each appointment. Children younger than

10 years old must be enrolled in DEERS and can verify their beneficiary eligibility via the sponsor's ID."

GLWACH staff members will not provide routine care to patients with questionable eligibility, Bilynsky said.

"However, if you don't have your, or your children's, ID and your condition isn't an emergency, we're going to fill out and sign some paperwork," he said.

That includes obtaining a statement of eligibility. Bilynsky said this means that a patient who needs care,

other than an emergency, and does not have proper ID, can sign a statement of eligibility before getting the care. Note that this process will delay your appointment check-in and you may miss your scheduled appointment.

"That statement will then be forwarded to our medical service accountable officer who will bill the sponsor for the treatment if they do not provide proof of eligibility within 30 days of getting the care," he said.

In emergency cases, medical care will be rendered be-

fore determining eligibility. Those not eligible to get care at GLWACH will be treated until they are stable enough to transport to the medical facility of their choice.

"We're not trying to be difficult, just asking everyone to help us remain compliant with Army regulations and public law requiring proof of beneficiary status and identification," Bilynsky said.

For the fastest service with the fewest problems, bring an official military ID card for your family members to every hospital appointment.

TRICARE offers reimbursement details

TRICARE Prime beneficiaries referred for non-emergent medical care at facilities more than 100 miles away from Fort Leonard Wood can have their travel costs reimbursed thanks to the TRICARE Prime Travel benefit.

Like all things, there are some rules to follow. Here are some of the specifics:

You must be enrolled in TRICARE Prime at Fort Leonard Wood and be referred for non-emergent medical care at a facility more than 100 miles, one way, from General Leonard Wood Army Community Hospital.

To file for reimbursement, you must provide:

- 1) Verification of a kept medical encounter a short note on letterhead from the facility, a paid co-pay receipt, admission or discharge paperwork that shows dates of service or a doctor's report that shows date of service.
- 2) Two fuel receipts one showing that you filled up and started out with a full tank of gas before traveling and a second showing that you filled up after



you completed your trip. The second receipt shows your actual cost. If you didn't keep receipts, you can still file. TRICARE will calculate the cost of your travel based on your vehicle's gas mileage.

- 3) Parking fee receipts
- 4) Itemized meal receipts Meals are reimbursed at actual cost up to allowed per diem rates. The referral technician will reimburse the number of meals based on your medical appointment, encounter or procedure.
- 5) Itemized lodging receipts You're required to schedule same-day appointments after 10 a.m., if possible, to allow adequate travel time. You may be reim-

bursed for lodging expenses if your medical procedure is scheduled for before 10 a.m. or you have consecutive medical appointments on different days. Lodging is reimbursed at actual cost up to allowed per diem.

Sometimes beneficiaries need someone to travel with them to their medical appointments. When that's the case, you'll need non-medical attendant approval from your physician before you travel. If this isn't possible, the referral center technician will help you get approval. Pediatric patients do not require NMA approval.

The patient and NMA cannot both be reimbursed for the same travel expense. For instance, both cannot claim fuel costs when traveling by privately owned vehicle.

For more information, call (573) 596-0440 or 596-0846. If you are a non-active duty beneficiary enrolled to a civilian primary care manager outside of Fort Leonard Wood, call 800-449-6408 for information.

EXPENSES, from Page 1___

Non-active duty TRICARE Prime enrollees and TRI-CARE Prime Remote family members are eligible for this benefit, known as the "greater than 100 mile rule." It's governed by federal statute and is not negotiable when determining how the Prime travel benefit is applied.

To be reimbursed, beneficiaries must have a valid referral from a TRICARE representative at the military treatment facility where they are enrolled or from the TRICARE Regional Offices if their PCM is a TRICARE network provider. TRICARE officials said this entitlement doesn't apply to expenses active-duty service members or their families residing

overseas incur that other travel entitlements reimburse.

TRICARE officials use established government rates to estimate reasonable cost and expect beneficiaries to use the least costly mode of transportation. Lodging costs, including taxes and tips, as well as meal costs, including taxes and tips but excluding alcoholic beverages, may be reimbursed up to the government rate.

If a provider at a military treatment facility refers a beneficiary, he or she should contact an MTF point-of-contact for a briefing on the entitlement process and beneficiary responsibilities. Phillip Catron is the POC at General Leonard Wood Army

Community Hospital. If the beneficiary is enrolled to and referred by a civilian PCM, he or she should contact the TRICARE Regional Office.

Beneficiaries must make their own travel arrangement unless medical officials arrange government travel. They are also required to coordinate their own lodging arrangements.

MTF officials will provide beneficiaries specific instructions on how and where to submit their travel entitlement claim.

"In addition to reimbursing the patient's reasonable expenses, the military authorizes, in certain cases, a non-medical attendant to travel with enrolled patients such as minor children or undergoing procedures requiring anesthesia," Catron said. "This individual must be 21 years old or older, appointed by the PCM, and will be reimbursed for actual travel expenses incurred."

If the non-medical attendant is an active-duty family member authorized to accompany a non-active duty TRICARE Prime enrollee, he or she is entitled to TDY allowances — per diem and mileage — not actual expenses. The non-medical attendant is not required to be enrolled in TRICARE Prime or to be TRICARE eligible. The patient, however, must be enrolled in TRICARE Prime.

For details, contact Catron at (573) 596-0846.

Community Health Resource Center Classes

EDITOR's NOTE: General Leonard Wood Army Community Hospital's Community Health Resource Center is located in the University of Missouri Technology Park on East 4th Street, right off Replacement Avenue. For more information or directions, call 329-1901.

All classes are conducted in the CHRC, 197 Replacement Avenue, Suite 144 unless otherwise noted. Sign up for classes by calling 329-1901.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for April 1-30, 2010.

- **Asthma Awareness:** Discuss the causes, signs, symptoms and aggravating factors of asthma. Adults and children, 9 years old and older who have asthma, are encouraged to attend. Class dates:
- ♦ April 7, 9 11 a.m.
- ♦ April 21, 9 11 a.m.
- Breastfeeding: Learn how to properly nourish and care for your child while breastfeeding. Class date:
- ♦ April 28, 9 11 a.m.
- Breast Pumping techniques: Class date:
- ♦ April 23. 9 11:30 a.m.
- Cholesterol Control: Understand the pitfalls of shopping, cooking and eating for a low-cholesterol diet. Cardiovascular disease risk factors such as poor fitness, smoking and obesity are also discussed. Class dates:
- ♦ April 12, 1:30 3 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- ♦April 26, 1:30 3 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- Diabetes Journey for Control:
- ♦Session 1, Diabetes Overview, explains diabetes, blood glucose and insulin, and resolves some common myths. Class date: April 6, 1 3 p.m.
- ♦ Session 2, Healthy eating, describes relationships between diabetes and food. Class date: April 13, 1 3 p.m.
- ♦ Session 3, Monitoring your blood glucose, discusses blood glucose targets and what makes your blood glucose go up and down. Class date: April 20, 1 3 p.m.

- ♦ Session 4, Complications, explains potential long-term complications. Class date: April 27, 1 3 p.m.
- **Diabetes Management:** Learn about treatment, complications and how to prevent them, exercise, and self-care for diabetes. The dietician will instruct patients on how to follow a diabetic diet. Class dates:
- ♦April 2, 8 a.m. noon
- ♦April 16, 8 a.m. noon
- Early Pregnancy and Pets in Pregnancy: Learn what to expect in the first six months of your pregnancy as well as how to introduce your pet to your newborn. Class date:
- ♦April 13, 8:45 10:45 a.m.
- Glucometer Education: Patients will be given instructions and a demonstration on how to properly use a Glucometer. Class dates:
- ♦ April 2, 1 2:30 p.m., Suite H, 199 East 4th Avenue
- ♦ April 16, 1 2:30 p.m. Suite H, 199 East 4th Avenue
- Infant Care: Parents-to-be learn how to properly bathe and care for their new baby, to include diapering. Class date:
- ♦ April 14, 9 11 a.m.
- Infant CPR: New and expectant parents, baby sitters and other care givers learn how to properly resuscitate a baby if its heart should stop beating. Class date:
- ♦ April 27, 5 7 p.m.
- Informed Childbirth: Learn techniques to help you breathe more efficiently when in labor. Class dates:
- ♦April 1, 5:30 7:30 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- ♦April 8, 5:30 7:30 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- ♦April 15, 5:30 7:30 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- ♦April 22, 5:30 7:30 p.m., MEDDAC Classroom. 1st Floor. GLWACH
- Legal Issues & Pregnancy: Learn about profiles and related issues military members face when pregnant. Class date:
- ♦ April 9, 1 2 p.m., Office of the Judge Advocate General, Building 315, call 596-

0629 to sign up.

- **Nutritious Weigh:** Learn about lowfat eating, weight management techniques, cooking methods and dietary trends. Learn how you can lose pounds safely, the importance of exercise and reading food labels, and weight management theories. Class dates:
- ♦ April 5, 1:30 3 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- ♦April 19, 1:30 3 p.m., MEDDAC Classroom, 1st Floor, GLWACH
- Pregnancy/Post Partum Physical Training (clinic book only): Mandated by the U.S. Army Center for Health Promotion and Preventive Medicine, this class is a standardized physical training program that is mandatory for all pregnant and post partum Soldiers Army wide. Class date:
- ♦ April 6, 7:30 8:30 a.m.
- ♦April 13, 7:30 8:30 a.m.
- ♦April 20, 7:30 8:30 a.m.
- ♦ April 27, 7:30 8:30 a.m.
- Self-Care Intervention Program: Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, how to treat common illness at home, and how to use medications. Participants will receive a pharmacy card to receive non-prescription medication through the pharmacy. Class dates:
- ♦ April 7, 1 3 p.m.
- ♦April 14, 1 3 p.m.
- ♦April 21, 1 3 p.m.
- ♦April 28, 1 3 p.m.
- Sleep Remedies: Can't sleep? Try our new Sleep Remedies Class to get your zzzz's. Class date:
- ♦ April 26, 9 11 a.m.
- Tobacco Cessation Class: Discuss tobacco use, skills to quit and coping strategies to remain tobacco free. Class dates:
- ♦ April 5, 11:30 a.m. 1 p.m.
- ♦ April 6, 11:30 a.m. 1 p.m.
- ♦April 12, 11:30 a.m. 12:30 p.m.
- ♦April 13, 11:30 a.m. 12:30 p.m.
- ♦ April 19, 11:30 a.m. 12:30 p.m.
- ♦ April 20, 11:30 a.m. 12:30 p.m.
- ♦April 26, 11:30 a.m. 12:30 p.m.
- ♦ April 27, 11:30 a.m. 12:30 p.m.